

With health care costs rising far faster than inflation and approximately ten percent of Americans uninsured, health care reform is crucial. Even while we address these challenges, Americans continue to benefit from the highest quality of care and the most helpful medical innovations in the world.

As we consider changes to the health care system, Congressman Akin believes that we must target reforms that reduce the cost of care and help people access insurance when they need it most. We must fix what is broken in our system – without breaking what works.

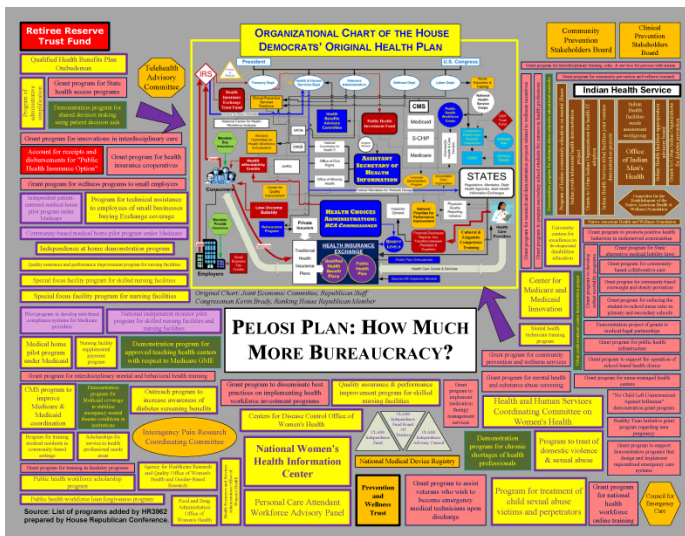
Congressman Akin is committed to sensible, patient-centered reforms in our health care system. While the majority is focused on the notion of universal health care coverage, coverage itself is no guarantee that a patient will have access to care when they need it. In practice, “universal coverage” places crucial decisions in the hands of government bureaucrats: decisions about what medical care is available, when, and to whom. Such a system would become similar to European socialized medicine, where the quality of health care has been undermined even as costs have skyrocketed.

Instead, all Americans should have access to health care coverage that works for them: without the government dictating price or plan specifications.

There are several steps that will improve health care access and reduce costs without undermining the quality of care that we expect as Americans. Congressman Akin has co-sponsored H.R. 3400 in the 111th Congress to address these priorities.

[See the Senate Democrat's Healthcare Plan](#)

[See the House Democrat's Healthcare Plan](#)



AMERICANS AGREE

Fixing healthcare means:

- Covering Pre-existing conditions
- Stopping cost-shifting / reforming medical liability law
- Making sure people can keep insurance coverage they like
- Preserving the doctor / patient relationship

[GOP.gov/solutions/healthcare](https://www.gop.gov/solutions/healthcare)

Government run health care leads to increased costs, lower quality of care, bureaucratic

rationing and inefficient allocation of resources. Yet by fine tuning our current system while respecting the power of individual choice, we can reduce costs and be prepared for a new generation of innovation in medicine. Patient centered health care reforms like these can accomplish that goal.

Patient Centered Health Care Reform

- *Voluntary Purchasing Pools:* Give individuals and small businesses the opportunities that large businesses and the government have to seek lower insurance costs. Allow individuals to create group purchasing pools and negotiate more favorable rates - the way large businesses already do – benefits everyone. (H.R. 2607)
- *Improve Competition:* Allow individuals to purchase the insurance plan they want across state lines. This increases competition between insurance companies and improves rates and service for customers. (H.R. 3400)
- *Portability:* Allow consumers to “own” their insurance policies, even if they change jobs or move to a different state. This reduces the likelihood that an individual would become uninsurable. (H.R. 3400)
- *Meaningful Lawsuit Reform:* Cap non-economic damages and incentivize out of court settlements, in order to control one of the biggest cost drivers in the healthcare system and reduce wasteful, defensive medicine. (H.R. 1086, H.R. 3400)
- *Increasing Transparency:* Require that information on the quality and cost of care be easily available to consumers. This puts patients in charge of their healthcare decisions. (H.R. 3400)
- *Tax free health care:* The current U.S. tax code allows larger employers to pay for employee health insurance with pre-tax dollars but it does not allow the same benefit for small businesses and the self-employed. Tax policy must be equalized for all citizens.

- *Health savings accounts:* Expanding health savings accounts (HSAs) would reduce costs for employers and consumers. Allowing individuals to purchase insurance as well as pay for out-of-pocket expenses with pre-tax dollars encourages people to plan for future health expenses. (H.R. 3400, H.R. 1470, H.R. 3508, H.R. 3610)
- *Reward healthy choices:* Unhealthy lifestyles remain a significant cost driver in American medicine. Individuals who participate in managing their chronic disease or who exercise and avoid high risk behaviors should be eligible for insurance premium rebates and other incentives. (H.R. 3400)
- *Cover pre-existing conditions:* Patients should have access to insurance coverage when they need it most. Insurance companies and state plans could be given incentives to insure individuals with pre-existing conditions while allowing for flexible, risk-based premiums. (H.R. 3400)
- *Encourage charitable care:* community health centers and non-emergency clinics provide valuable services to individuals who pay out-of-pocket for health care and those who cannot

afford full coverage. Providing a tax deduction for volunteer services provided by medical professionals would increase availability of charitable care. Retired medical professionals are often unable to maintain their licenses and volunteer their skills due to the high risk of lawsuits. Volunteering professionals should be exempt from most types of lawsuits. (H.R. 3400)

These initiatives are based on common sense principles that distinguish "good" health care policy from "bad" health care policy. Such principles guide Congressman Akin as he evaluates legislation.

The Principles of Good Health Care Legislation

- Promotes the doctor-patient relationship and ensures that the patient has a medical advocate.
- Encourages medical decisions be made by the patient based on medical necessity rather than rationing by a bureaucrat.
- Encourages patients to practice healthy lifestyles. Such practices can be implemented through education and financial incentives.
- Encourages the implementation of electronic medical records that are interoperable and portable while ensuring that the patient's medical history is kept confidential and not released without the patient's consent.
- Encourages transparency of medical costs and quality so that patients have an incentive to "price shop" in the health care market.
- Prohibits any particular entity, government or private, from obtaining a monopoly of medical services in any given market. Due to a lack of competition, monopolies have no incentives to be efficient, adapt new technology, or restructure.
- If an individual is currently insured, they cannot be dropped by a health insurance company due to a pre-existing condition.
- Health care providers would be paid based on the value of service, not the volume of procedures performed.
- Provides tax incentives to encourage patients to obtain catastrophic insurance.
- Encourages health insurance to be portable from job to job, and allow people to be able to get the same tax break when they buy insurance on their own as they do when they get coverage at work.
- Encourages preventive care through regular exams and check-ups. Turns illegal immigrants who have received free medical treatment over to the Department of Homeland Security (DHS).

□

Related News {loadposition related}